

**COMPLAINT INFORMATION
FOR
REPORTING COMPLAINTS ON
USDA DONATED COMMODITIES**

Recipient Agency Name: (School, TEFAP, CSFP, FDIR, Warehouse)	Address: City: State:
Contact Person:	Title: Phone #: Fax #:

Date Complaint Filed:

Commodity Name & Commodity Code:

Description of Problem/Complaint:

REASON FOR COMPLAINT

1. <input type="checkbox"/> Seeking Replacement	2. <input type="checkbox"/> Vendor Response Requested
3. <input type="checkbox"/> Isolated Incident, Notify Vendor, No Response Necessary	4. <input type="checkbox"/> For Information Only
5. <input type="checkbox"/> Other: (Fill in Remarks)	

**IMPORTANT INFORMATION NEEDED TO RESEARCH COMPLAINT
(Please fill in as much information as possible)**

Contract #:	Delivery Order #:	N/D#:	Lot#:	Box#:
Can Codes:	Pack Date:	Amount Rec'd:	Date Product Rec'd by SDA:	
Date Product Shipped to RA:	Date Product Rec'd by RA:	Injury from Product		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Amount of Product Remaining at R/A site:

Product on Hold at R/A site: Yes **No** **Amount:**

Physical location of product on hold:

Vendor (IF KNOWN):

Is Product Under Warranty: Yes **No**